Safeguarding Children And Young People   
Incident Report Form

**Incident Details**

|  |  |
| --- | --- |
| Club Name: | Click or tap here to enter text. |
| Date of Incident: | Click or tap here to enter text. |
| Time of Incident: | Click or tap here to enter text. |
| Location of incident: | Click or tap here to enter text. |
| Date identified (if different): | Click or tap here to enter text. |
| Name(s) of child/children involved: | Click or tap here to enter text. |
| Name(s) of staff/volunteers involved: | Click or tap here to enter text. |
|  | IF YOU BELIEVE A CHILD IS AT IMMEDIATE RISK OR ABUSE CALL 000. |

**Please categorise the incident (tick all that are relevant)**

|  |  |  |
| --- | --- | --- |
| **INCIDENT TYPE** | Tick if applicable | **Comments** |
| Physical Violence |  | Click or tap here to enter text. |
| Sexual Offence |  | Click or tap here to enter text. |
| Sexual Misconduct |  | Click or tap here to enter text. |
| Serious Emotional or Psychological Abuse |  | Click or tap here to enter text. |
| Serious Neglect |  | Click or tap here to enter text. |
| Grooming |  | Click or tap here to enter text. |
| Breach of the Child Safe  Code of Conduct |  | Click or tap here to enter text. |
| Reportable Conduct – Inappropriate behaviour |  | Click or tap here to enter text. |

**Please describe the incident**

|  |  |
| --- | --- |
| Overview: | |
| When did it take place and what were the circumstances: | Click or tap here to enter text. |
| Who was involved? | Click or tap here to enter text. |
| What did you see if present / hear? | Click or tap here to enter text. |
| Other information: | Click or tap here to enter text. |

**Does this incident involve discrimination based on any of the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Race: | Yes: |  | No: |  |
| Gender: | Yes: |  | No: |  |
| Sexual Orientation | Yes: |  | No: |  |
| Religious or Cultural Beliefs: | Yes: |  | No: |  |
| Other: | Click or tap here to enter text. | | | |

**Details of Person Reporting the Incident:**

|  |  |
| --- | --- |
| Name of person reporting the incident: | Click or tap here to enter text. |
| Department of reporter  (if/where applicable): | Click or tap here to enter text. |
| Contact Details of Reporter: | Click or tap here to enter text. |

**Office / Club Use**

|  |  |  |
| --- | --- | --- |
| Date Incident Report Received: | Click or tap here to enter text. | |
| Staff Member Managing Incident: | Click or tap here to enter text. | |
| Incident Ref. Number: | Click or tap here to enter text. | |
|  | | |
| **Agencies Notified:** | **Date Notified** | **Comments** |
| Child Protection | Click or tap here to enter text. | Click or tap here to enter text. |
| Police | Click or tap here to enter text. | Click or tap here to enter text. |
| Another third party (please specify) | Click or tap here to enter text. | Click or tap here to enter text. |